CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 02/27/2020 04:39 AM
SAN: 011300006-STH-0006

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ito	Darryl	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Police

Division, Board, Department, District, if applicable	Your Position
Geographic Area	Captain

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: ______ Position: ______

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ______
☐ County of ______
☒ City of Los Angeles
☐ Other ______

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2019, through December 31, 2019.
-or-
The period covered is ___/___/____, through December 31, 2019.

☒ **Leaving Office:** Date Left 02 / 26 / 2020
(Check one circle.)
● The period covered is January 1, 2019, through the date of leaving office.
-or-
○ The period covered is ___/___/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ___/___/____

☐ **Candidate:** Date of Election ______ and office sought, if different than Part 1: ______

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

☐ **Schedule A-1 -** *Investments* – schedule attached
☐ **Schedule A-2 -** *Investments* – schedule attached
☐ **Schedule B -** *Real Property* – schedule attached
☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D -** *Income – Gifts* – schedule attached
☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☒ ***None -*** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
100 West 1st Street, Room 1061, Stop 400	Los Angeles	CA	90012

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(213) 486-8730	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/27/2020 04:39 AM
(month, day, year)

Signature Electronic Submission
(File the originally signed paper statement with your filing official.)